POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	87		2-728-00
O.I.P.E. CLASSIFIER		43	3/9/00
FORMALITY REVIEW			1
RESPONSE FORMALITY REVIEW	AP	nळ03	A-1/a

## **INDEX OF CLAIMS** Rejected

t.	INDEX OF	CLAIMS		•
Claim Date	Rejected	N	Non-elected	
of N≠	Allowed		Interference	
(Through numer	al) Canceled	Α	Appeal	
, , , , ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Restricted	0	Objected	
N. N.				
Claim Date	Claim	Date	Claim	Date
1 1 1 1 1 m			<sub>10</sub>	
Final Original	Final		Final	
	51		101	
1 1	52	<del></del>	102	
3 /	53		103	
	54		104	
3 9	55		105	
	57		106	<del></del>
	58	<del></del>	108	
	59		109	
201/-	60		110	
	61	<del></del>	111	<del></del>
12/1/2	62		112	<del>-          </del>
43/17	63		113	<del>-              </del>
	64		114	<del>-1-1-1-1</del> /
<b>1</b> 5 <b>1</b> + + + + + + + + + + + + + + + + + + +	65		115	<del>                                     </del>
16	66		116	
17	67		117	
18	68		118	
719	69		119	
20	70		120	
21	71		121	
22	72		122	
1, 23	73 1		123	
24	74		124	" ;
25	75		125	
26	76		126	
27	77		127	
28	78		128	
29	79		129	
30	80		130	
31	81		131	
32	82		132	<del></del>
33	83		133	<del></del>
34(	84	-	134	<del></del>
35	85	<del></del>	135	<del></del>
37	86	<del></del>	137	<del></del>
38	88	<del>-                                     </del>	138	<del>-┼-┼-┼-┼-</del> ┦
39	89		139	<del>                                     </del>
40	90	<del>-                                     </del>	140	<del>                                     </del>
41	91	<del>-   -   -   -  </del>	141	<del></del>
41 42	91	<del></del>	142	┼┼┼┼┼┼┼┼┤
42 43	93	<del></del>	143	<del>-+-+- </del> -
43	93	$\overline{+}$	144	<del></del>

If more than 150 claims or 10 actions staple additional sheet here

145

148

94 95

98 99